

RAPID RESOLUTION FINANCIAL ASSISTANCE APPLICATION

Short-term or one-time financial help for individuals and families experiencing homelessness to achieve safe housing. All requests for financial assistance must be tied to a housing plan.

Instructions: This application should be completed together by the applicant household and their service provider. The form must be signed by the applicant and the service provider. Only complete applications will be accepted.

Please submit your application package to _____ at _____ .

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Name of Applicant: _____ Date of Birth: _____

Names of other Household Members: _____

Best way to contact the applicant: _____

Name of Service Provider assisting with housing plan: _____

Contact Information for Service Provider (email and phone): _____

Service Provider Agency/Organization: _____

PLEASE CONFIRM THE APPLICANT MEETS THE FOLLOWING REQUIREMENTS:

The applicant is currently (must check one):

- Staying in a motel paid for by General Assistance Emergency Housing
- Staying at an emergency shelter
- Unsheltered
- Otherwise meets the AHS/HUD definition of homelessness and was in emergency housing, emergency shelter or unsheltered between April 1 and June 30, 2020.

Verification of current housing status is required. Please attach documentation of housing status.

Documentation may include:

- HMIS record of emergency shelter stay
- Confirmation from Economic Services (written or verbal)
- Staff Observation and statement (written or verbal)

The applicant is participating in Coordinated Entry. Date of Assessment/Entry: _____

PLEASE ATTACH YOUR HOUSING PLAN OR ANSWER THE FOLLOWING QUESTIONS ABOUT YOUR PLAN:

What are your housing goals?

This financial assistance is to help people exit a motel, shelter or unsheltered living situation. If assisted, where will you go?

How long will you be able to stay at this location? At least _____ months

If you will be able to stay at this location less than one year, where will you live after?

How will the financial assistance help you overcome barriers to your housing goal(s)?

If you will have housing costs after this financial assistance ends, how will you pay for those ongoing costs?

FINANCIAL ASSISTANCE REQUEST

All costs must be reasonable and necessary to achieve housing goals. No cash payments will be made directly to the applicant.

Total Amount Requested (\$): _____

Do you (the applicant) have any income or resources you can contribute to this plan? Yes No

If yes, how much will you contribute (\$)? _____

If you will contribute less than 30% of your income towards housing costs, please explain:

Will the service provider help the applicant to apply for all mainstream benefits and services, such as 3SquaresVt, LIHEAP, GA, WIC, Medicaid, VCCI, Voc Rehab, Reach Up, Unemployment, VA, SSI/SSDI, etc.?

Yes No

FINANCIAL REQUEST DETAILS

Item	Amount of Request (\$)	If applicable, include a price comparison below or attach. (required for transportation requests > \$200)	Documentation of liability (e.g., lease, bill, written agreement) (Y or N)	Vendor Payment Information (Name, Address) is attached. (Y or N)

For rental assistance requests,

- Attach documentation that the apartment meets the Fair Market Rent OR Rent Reasonableness Standard.

A housing inspection is not required. However, we want to be sure that your housing meets basic health and safety standards.

Will your new housing meet basic health and safety standards? Yes No

Comments:

NOTICE OF NONDISCRIMINATION

Access to Rapid Resolution Financial Assistance is subject to available funds. No person shall be refused, withheld, or denied the benefits of Rapid Resolution Financial Assistance because of their race, color, national origin, religion, familial status, marital status, receipt of public assistance, sex, sexual orientation, gender identity, disability, age (subject to the Age Discrimination Act of 1975), or status as a victim of abuse, sexual assault, or stalking. The Rapid Resolution Housing Initiative shall make reasonable modifications in policies, practices, or procedures when those modifications are necessary to offer services and benefits to individuals with disabilities. Meaningful access shall be provided to persons with limited English proficiency, including persons who are hard of hearing, at no cost to applicants and participants in the Program.

WHAT IF I AM DENIED ALL OR SOME OF MY REQUEST FOR FINANCIAL ASSISTANCE?

You can appeal the denial. You can ask someone you trust to help you with your appeal.

1. Write down your request to have someone review the denial and why you are asking for a review.
2. Email or mail your appeal to:
 - i. _____ at _____
3. We will respond to your appeal within 3 business days.
4. If you are not satisfied with the response, you can contact Lily Sojourner at 802-585-4365 or lily.sojourner@vermont.gov at the State of Vermont Office of Economic Opportunity.

ELIGIBLE ACTIVITIES FOR RAPID RESOLUTION FINANCIAL ASSISTANCE INCLUDES:

- Up to 3 months of rental assistance, and last month's rent for new housing
 - If used for short-term rental assistance for a long-term lease, ability to sustain rent ongoing must be a consideration
- Security deposit, including extra security deposits if required to secure housing
- Transportation costs to live with family/friends, including another region or state
 - Any costs greater than \$200 should include a price comparison
- Back utility or rent payments that prevent access to new housing
- Reducing or eliminating debt to make future rent affordable
- Program fees for recovery housing or other non-traditional housing option
- Offset costs for a host family, directly paid to the host family for a commitment of housing
- Moving costs, including furnishings
- Utility deposits or assistance
- Additional food support
- Other activities, so long as they are directly tied to a housing plan

Rapid Resolution financial assistance of up to \$3,500 per eligible household. Larger requests will be reviewed by the Coordinated Entry partners or the State.

AHS/HUD DEFINITION OF HOMELESSNESS

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CRITERIA FOR DEFINING HOMELESSNESS	Category 1	Literally Homeless	<p>(1) Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:</p> <ul style="list-style-type: none"> (i) Has a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground; (ii) Is living in supervised publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state, or local government programs for low-income individuals); OR (iii) Is exiting an institution where (s)he resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution.
	Category 2	Imminent Risk of Homelessness	<p>(2) Individual or family who will imminently lose their primary nighttime residence, provided that:</p> <ul style="list-style-type: none"> (i) Residence will be lost within 14 days of the date of application for homeless assistance; (ii) No subsequent residence has been identified; AND (iii) The individual or family lacks the resources or support networks, e.g., family, friends, faith-based or other social networks, needed to obtain other permanent housing.
	Category 3	Homeless under other Federal statutes	<p>(3) Unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless under this definition, but who:</p> <ul style="list-style-type: none"> (i) Are defined as homeless under the Runaway and Homeless Youth Act (42 U.S.C. 5732a, section 387), the Head Start Act (42 U.S.C. 9832, section 637), the Violence Against Women Act of 1994 (42 U.S.C. 14043e-2, section 41403), the Public Health Service Act (42 U.S.C. 254b(h), section 330(h)), the Food and Nutrition Act of 2008 (7 U.S.C. 2012, section 3), the Child Nutrition Act of 1966 (42 U.S.C. 1786(b), section 17(b)) or McKinney-Vento Homeless Assistance Act (42 U.S.C. 11434a, section 725); (ii) Have not had a lease, ownership interest, or occupancy agreement in permanent housing at any time during the 60 days immediately preceding the date of application for homeless assistance; (iii) Have experienced persistent instability as measured by two moves or more during the preceding 60-days; AND (iv) Can be expected to continue in such status for an extended period of time because of chronic disabilities, chronic physical health or mental health conditions, substance addiction, histories of domestic violence or childhood abuse (including neglect), the presence of a child or youth with a disability, or two or more barriers to employment, which include the lack of a high school degree or GED, illiteracy, low English proficiency, a history of incarceration or detention for criminal activity, and a history of unstable employment.
	Category 4	Fleeing/ Attempting to Flee Domestic Violence	<p>(4) Any individual or family who:</p> <ul style="list-style-type: none"> (i) Is fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member, including a child, that has either taken place within the individual's or family's primary nighttime residence or has made the individual or family afraid to return to their primary nighttime residence; (ii) Has no other residence; AND (iii) Lacks the resources or support networks, e.g., family, friends, faith-based or other social networks, to obtain other permanent housing.